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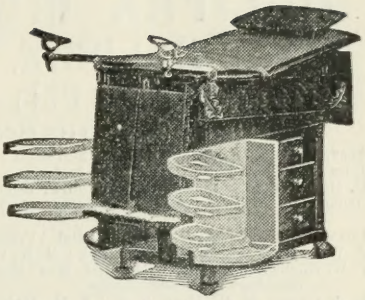

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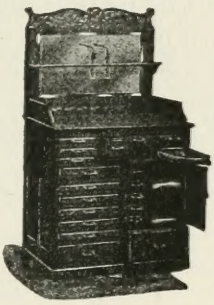

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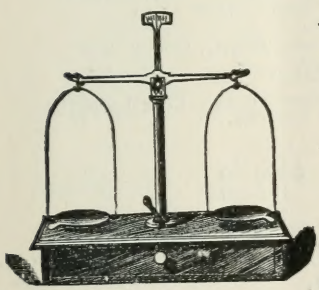

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1903.

Maritime Medical Association.

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The Annual Meeting will be held in St. John, N. B., on Wednesday and Thursday, July 22nd and 23rd.

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"All registered Practitioners in the Maritime Provinces are eligible for membership in this Association.

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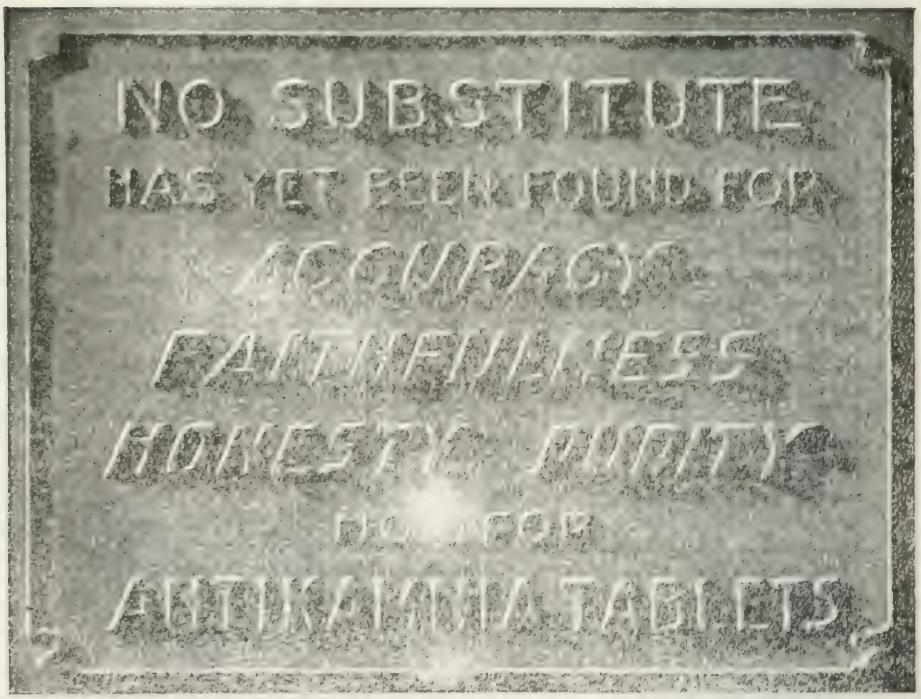

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VOL. XV. HALIFAX, N. S., APRIL, 1903. No. 4.

Original Communications.

SOME SURGICAL AFFECTIONS IN CHILDREN.

(Concluded from last issue.)

APPENDICITIS WITH RUPTURE INTO URINARY BLADDER.

By N. S. FRASER, M. B., M. R. C. S., St. John's, Newfoundland.

B. S., aged 8 years, taken ill Sunday, January 4th, with pain in the abdomen and vomiting. The pain continued in paroxysms until seen on Wednesday, January 7th. The bowels had not moved since Saturday. Examined on the 7th January when she complained of pain in the right iliac region. She lies on her back with her knees drawn up—the muscles of the abdomen tense. On palpation there is distinct tenderness, limited to the right iliac region, with some spasm of the rectus muscle of the same side. The colon was felt to be distended (flatulent) and from its end a hardness could be palpated running downwards and outwards, this latter very tender. There was no dulness on percussion. Liver and splenic dulness were normal in extent and the respirations were normal in character and rapidity. Urine also normal. The temperature 100.8° and pulse 122.

The diagnosis made was appendicitis, and this diagnosis was founded on the temperature, quick pulse, character and situation of the pain, together with the sudden onset of the attack and the ac-

companying constipation. The physical examination confirmed the diagnosis.

The other probabilities were (1) acute indigestion. This was excluded by absence of a history of error in diet, by the location of pain in right iliac region and absence of tenderness in epigastrium, and by the physical signs on palpation. (2) Obstipation, which I considered contraindicated by the temperature. As a further diagnostic and as a preliminary in the treatment, magnesium sulphate was ordered in half drachm doses every half hour, and when six drachms had been taken the bowels were freely moved. This relieved the pain somewhat, but did not relieve the other symptoms. Each evening the temperature went up to 100.8° and each morning fell to 99.2°, while the pulse remained steady at about 122 per minute.

TEMPERATURE CHART OF B. S.

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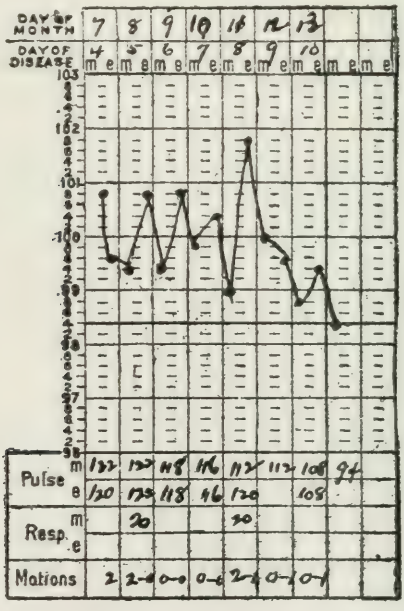


It was evident that pus had formed and that the case was a surgical one, requiring surgical treatment, and the regret was that one had not seen it at the commencement to interfere before pus had formed. Accordingly preparations for operation were started,

but on seeing her the same day—January 9th, the sixth day of illness—I noticed her legs extended again. She said the pain had left her suddenly, but she now complained of a different pain—the pain of a full bladder and inability to empty it. Her pulse also had fallen to 118 and gained in volume. As the bladder was distended nearly to the umbilicus, I passed a catheter and drew off about ten ounces of turbid urine, followed by a little over an ounce of pus. After this she was quite comfortable. The catheter was required again, twice the next day. In the morning some pus, but in the evening a clear amber colored urine without deposit; the flatus also escaped freely. The further convalescence was uninterrupted and satisfactory.

That the pus which escaped from the bladder was the cause of all the trouble there can be no doubt. The only questionable point is, where did it come from? From an appendicitis which became adherent to, and ruptured into the bladder; or from the kidney itself? The latter seems improbable as there was never any pain or tenderness in the back, nor anything to point to the urinary system until the pus found its way into the bladder. Moreover the physical signs all pointed to the trouble being situated in the iliac region—not the lumbar.

The happy termination of the case is a matter for congratulation, occurring as it did so close on the time arranged for operation—which would have been a much more serious affair.

TUBERCULAR PERITONITIS.

S. S., aged 5½ years, female. Complaining since the middle of March, 1901. One day well and out playing, but next wanting to be nursed, and saying that she had a pain in her stomach. Some slight cough. For a few days at beginning of April was spitting phlegm, mixed with blood, but seemed to get it down from behind the nose. Perspires each night. No appetite. No diarrhœa, bowels moving naturally once a day—of normal colour and consistence.

Family History.—The second child of a family of four, all girls. The others healthy, save one, who died an infant of tubercular meningitis. One grandfather and an uncle died of tubercular disease. Mother and an aunt delicate, although no definite disease at present.

Alimentary System.—Front incisors (upper) completely decayed. Tongue clean. No vomiting, but small appetite. Complains of

tenderness about the abdomen. Latter not distended. No ascites, nor tympanites. Liver not below the costal margin, nor is the spleen. No masses or tumour to be palpated. Dulness and tympanites vary in position from day to day.

Genito-Urinary System.—No vaginal discharge. Urine 1010, acid. No albumin. A clear amber color. No deposit.

Hæmopoietic System.—No glandular enlargement anywhere.

Circulatory System.—Heart normal. No murmur. Pulse rapid, 120, but of fair volume. No intermittence.

Respiratory System.—Breath sounds normal. No accompaniments. No dulness on percusson over the chest. Respirations quick, 36 per minute, but regular. A small amount of sputum collected with care examined. No tubercle bacilli.

Nervous System.—Sleeps badly at night and perspires, but does not cry out or scream. Sleeps sometimes in the day. No *tache cerebrale.* Pupils equal, moderately contracted, responsive to light. Fontanelles closed. Head small, normal shape. Not fretful or peevish. Disposition not altered from what she was formerly. No headaches.

From the foregoing it will be seen that the main symptom is a varying fever, and with this there has been the accompanying malaise and loss of appetite. Some pain, more or less constantly in the region of the umbilicus, and the symptoms have continued for about forty days.

In considering the *diagnosis* of this case I came to the conclusiou that it was a tubercular affection for the following reasons: 1. The family predisposition. 2. Irregularity but persistence of fever, particularly the evening rise of temperature. 3. Absence of any focus of suppuration or signs of typhoid. 4. Loss of flesh.

The question then arose, where is the tubercle? And there were two situations in which it might be:

1. Meninges.
2. Peritoneum.

The lungs were excluded by absence of physical signs and of tubercle bacilli in sputum.

Meningitis was excluded by the length of time before definite symptoms showed themselves—now five weeks. Holt (Diseases of Children) states that out of 65 cases of tubercular meningitis, only 2 lived five weeks from the beginning of definite symptoms; and he limits the first stage to three weeks at the longest. But her sister

had died of tubercular meningitis, and had commenced very much in the same way. There was, moreover, no vomiting, stiffness of the neck, screaming at night, alteration of pupils, *tache cerebrale* or other symptoms pointing to the brain.

Peritonitis was very probable from:

1st. Fever of an irregular type, but generally higher in the evening.

2nd. Pain in the abdomen—generally near the umbilicus.

3rd. Tenderness about the abdomen.

4th. A tendency to diarrhœa.

Holt gives five forms of tuberculous peritonitis:

1. *Miliary tubercle of peritoneum accompanying general tuberculosis.*

2. *Miliary tuberculosis of peritoneum with ascites* running a subacute course of 4 to 8 weeks. The abdominal distension is, of course, a marked feature in addition to the other symptoms.

3. *The fibrous form*, where the products of inflammation have undergone transformation into fibrous tissue. Here the essential feature is extensive organized adhesions between the intestinal coils and between intestines and abdominal walls. Ascites may be present but frequently absent. They are very slow—the most chronic of all the forms, and are of irregular course. The distension of the abdomen in these cases is generally due to tympanites more than ascites, although the latter may be present. Holt remarks of this form of peritonitis that sometimes it is entirely latent and only discovered by post mortem examination.

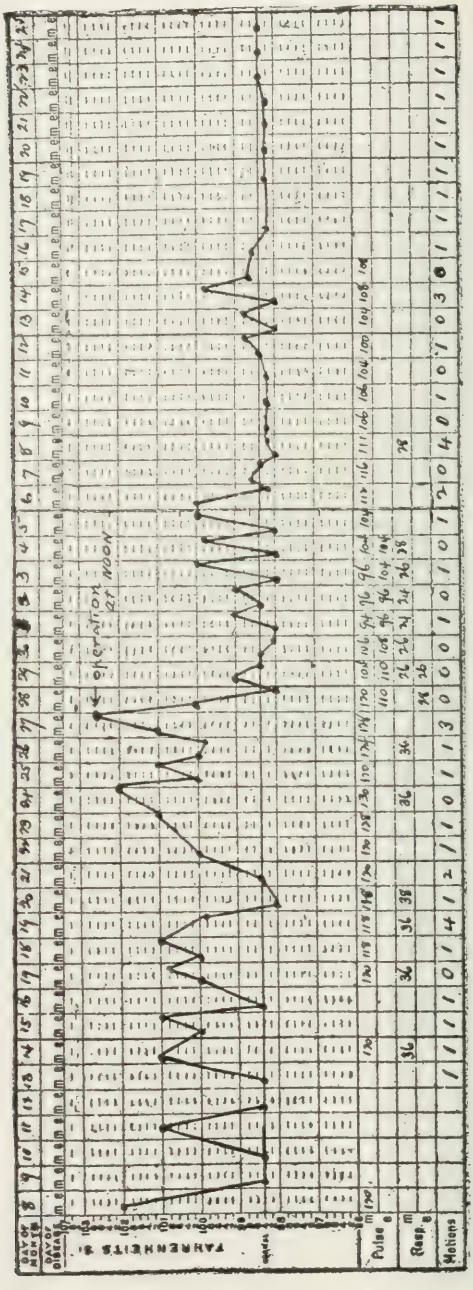
4. *The ulcerative form* in which are found large tuberculous deposits which go on to caseation and softening. The constitutional disturbance is much greater in these cases—general prostration, emaciation, sweating and diarrhœa. The abdomen is not so much distended, but there are areas of dullness and tympanitic resonance irregularly distributed. Also nodular masses or even tumour.

5. *Peritonitis with tuberculosis of the mesenteric lymph nodes.* In these cases there may be no symptoms save those due to pressure on the great vessels, e. g. œdema.

Of these different forms this case would probably be an early stage of No. 2 or No. 4.

TEMPERATURE CHART OF B. S.

APRIL, 1902. MAY, 1902.



Operation. Explaining the difficulties of the diagnosis to the parents I obtained their permission to operate, and accordingly, on April 29th, 1901, opened the abdomen by a median incision. Small tubercles were found scattered over the intestines, and a few larger ones could be felt over the pelvic contents. In no instance had they gone on to ulceration and there was not any ascites. Passing in a gauze sponge it came out quite dry. The abdomen was closed in layers, using fine catgut for the peritoneum, chromicized gut for the fascia and fine gut for the skin.

Progress.—The after progress was very satisfactory. Pain never returned, and the temperature and pulse immediately began to fall. The temperature reached the normal by the ninth day, and although on two occasions afterwards it shot up, it came down immediately on receiving a purge. A noteworthy effect was the fall in frequency of the respirations—from 38 before operation to 26 afterwards.

She was kept in bed for three weeks, and allowed out by the end of the fourth week. Although a year has now passed she continues well, and plump, and rosy, nor has she required any medical attendance since the operation.

The condition found at the operation quite explained the difficulty of diagnosis. There was no ascites, no matting together of intestines, and nothing to give particular physical signs. The teaching of the present day seems to be that those cases of tuberculosis that we may expect to benefit by operation, are those in which fluid is present; and, indeed, Dr. R. B. Hall, of Cincinnati, gives the absence of fluid as a contraindication to operation (*Am. Jour. Obs.*, Nov., 1902). That the little patient has benefited there can be no doubt, but whether the improvement will be permanent or not, it is as yet too soon to say.

PRESIDENTAL ADDRESS.*

SOME OBJECTS OF THIS ORGANIZATION.

By H. A. March, M. D., Bridgewater, N. S.

Gentlemen,—When I recall to mind in the pregnant history of our profession such men as Hunter, the great anatomist; Ambrose Paré, the eminent French surgeon; Sir Charles Bell, with his discoveries relating to the nervous system; Jenner, the promulgator of vaccination, and a host of others, and recognize that, great and learned as were these medical pioneers, I am to-day to address a body of men any one of whom has stored within his mind more real, practical medical knowledge than any one of these pre-eminent men—yes, more than the whole of them combined, it is not at all surprising that I should feel and appreciate the great honor you have conferred upon me in placing me in this the highest office in the gift of your Society.

When I sat down to prepare this paper a number of themes presented themselves, amongst which the one chosen appealed to me as at least being opportune. You have all thought over this matter carefully, and therefore anything I may say must necessarily be in the nature of review. But our objects are worthy and will bear recapitulation, and sometimes, though there is no ground for suspicion that it will be so with us, organized bodies do lose sight of the real objects of their existence. This paper makes no attempt at being exhaustive,—in fact it will only deal with a very few of the many important objects for which we are banded together.

One great advantage on this occasion is mine, that of never having been preceded in this capacity; there have been no other presidential addresses delivered before you with which the present may be contrasted to its detriment, and by the time the next greets your ears this will have been forgotten. Not that I would willingly take up your time with something intended to be forgotten, but that you have chosen not wisely and brought this affliction or infliction upon yourselves. I only wish, gentlemen, that it were in my power to say something to you to-day that would remain with you to your benefit

* Delivered before the Lunenburg-Queens Medical Society, Jan. 1903.

for the remainder of your days. Would that I to-day were gifted with the eloquence of a David or a Demosthenes, a Henry or a Howe, that, although from what is said you learn no new thing, my words might impress you with the sentiments and emotions of my heart as I look out upon this enterprise with all its potentialities and possibilities for improvement to us as men and medical practitioners—as well as to the community within the radius of its influence.

Gentlemen, as most of you know, we are assembled to-day as an organization, chiefly through the energy and endeavour of our two good friends, Dr. McDonald, of Lunenburg, and Dr. Macdonald, of Rose Bay. And the magnitude of our indebtedness as medical men, and of the indebtedness of the county or counties within the sphere of this Society's influence never will be estimated till the great day of all accounting. For, gentlemen, if this society be utilized, if we as members of the medical profession appropriate to ourselves all the good that is within our handgrasp as an organization, there may go out from this Society influences that shall entirely revolutionize existing baneful conditions, open the eyes of the people to the true relation between them and their physicians and bring about an era of mutual respect now non-existent.

Just here I would like to congratulate the society on having so many enthusiastic young men full of the progressive spirit of the age.

> "If the wild filly Progress thou wouldst ride,
> Have young companions ever at thy side."

But we want the counsel and experience of the oldest members of the professon as well. To continue the above quotation:

> "But wouldst thou stride the staunoh old mare Success,
> Go with thine elders though they please thee less.'

In fact it is to be hoped that every medical man in this county will consider this Society to be his particular enterprise and do everything in his power to make it as efficient as his energy, thoughtfulness, —yes, and even his sacrifice can make it, for it may be often at some immediate personal sacrifice we are able to attend these meetings. In the long run, however, rest assured that whatever small sacrifices we undergo to make our presence possible will be amply atoned for.

We, as medical men, need some rest, and rest is change, and from the hard routine of practice attendance upon these meetings will be a helpful change.

"Run if you like, but try to keep your breath,
Work like a man, but don't be worked to death."

To organizations such as these, gentlemen, we owe our present eminent status as physicians—and I use the word eminent advisedly when remembering that but a few decades ago medical men and surgeons had to supplement their scanty earnings by hairdressing and other employments of a similar character; in fact not until the year 1858 were physicians in England able to collect fees by law, but depended upon honoraria as remuneration for services rendered. The Nova Scotia Medical Act, the Provincial Health Act, in fact all legislation which we have for the protection of the medical practitioner of to-day, and of the Public Health, is due to organized effort largely in the shape of medical organizations such as ours. The Dominion Registration Act,—I think it is called—with which Dr. Roddick has been so intimately associated, and which has laid the profession under a life-long debt of gratitude to him, is the legitimate offspring of medical organization.

The causes which bring about organized effort in commercial, religious and national life are known to all, and for similar reasons organized medical effort is necessary. We have great and pressing problems to deal with, which can only be successfully undertaken in the organized capacity. A vast deal has already been accomplished as before suggested; the true relation of the medical practitioner to society at large is gradually being made manifest both to himself and to society. But the ideal has not yet even been approximated. The ignorance of our best educated people in regard to matters medical is simply astounding. There is an air of superstition and mystery still enveloping disease and the treatment of it. This is continually fostered by the unscrupulous charlatan and patent medicine vender through advertisement and fraudulent testimonial, spread broadcast by the secular and religious press. That such a condition of affairs is permitted to exist is a matter of surprise to educated physicians. Here we, as an organized body, recognizing the *status quo,* have a great mission, and this alone is ample warrant for our existence. It is our privilege and duty to educate the people in regard to diseases, their nature and method of treatment, and to help them to see how they are being imposed upon, and having done that, unite with them in procuring the necessary legislation to prevent such frauds from being perpetrated. To this end we must avoid all appearance of

questionable methods in our own ranks. We must cultivate the most friendly and intimate relations one with the other; we must strive in every way to live up to the highest ideals of our honored profession, and with one accord unite to slay this hydra-headed monster that is gorging itself upon the populace, and thus depriving us of our just inheritance. You can scarcely pick up a newspaper without seeing something like this:—"Having tried all the doctors." It is not necessary to go further—you all know it, have seen it in all its artful and seductive forms. It is a deliberate lie from first to last, and in ninety-nine cases out of an hundred the party whose name is subscribed never authorized it at all. I saw some such advertisement within the last year signed by a lady whom I was treating for the very disease the testimonial professed her to be cured of. This is deliberate fraud, and ought to be legislated against. Again, how many people are rendered miserable by reading advertisements describing diabetes, Bright's disease, etc., etc., by symptoms common to these diseases perhaps, but symptoms that one might have without being seriously diseased at all. Not only are they rendered miserable, but defrauded of their hard-earned money, and by brooding over their imaginary ailments, eventually made unfit for work, and even in some cases terminate their existence in an insane hospital. Yes, gentlemen, here is a sphere in which we may labor with benefit to ourselves and untold advantage to our deceived fellow-men. We know the facts, they do not; it is not only our opportunity but our imperative duty to enlighten and protect them. Our legislators, unless they are medical men, do not know these things; our clergymen and lawyers, strange to say, do not recognize the situation; but we do, and it is our duty to devise ways and means for the enlightenment of others. "Do unto others as you would that they should do to you." I do not intend in this short paper to discuss methods of procedure, nor do I pretend to have any definite scheme in mind for bringing about the desired result. This is matter for our deliberation and discussion. Whatever is done must be undertaken carefully, for it is to our own interest, and we will be at once charged with looking out for our own pockets.

"Up then in Freedom's manly part,
From greybeard old to fiery youth!
And on the nation's naked heart
Scatter the living coals of Truth.

But break the chain—the yoke remove,
And smite to earth Oppression's rod
With those mild arms of Truth and Love,
Made mighty through the living God."

One of the objects, then, of this organization, is to endeavor to make more clear the relation of the medical practitioner to society, to educate the people up to the truth that physicians are benefactors distinct from, diametrically opposed to, the charlatan, patent medicine vender, and that ilk, most of whom are malefactors. The populace generally do not see the vital distinction that exists.

The policy of the quack and patent medicine vender is to keep the composition of his nostrum to himself, to protect it by letters patent and use it for purposes of self-aggrandizement. This policy is in opposition to all our traditions and practices. The discoveries and inventions of the medical practitioner are freely given to his brother practitioner for the benefit of humanity. Hence to-day we are in possession of the vast heritage of experience and investigation of a Hall, a Long, a McDowell, a Jenner and a host of other patient investigators and hard worked practitioners, amongst whom, perhaps, our own honored Lister is pre-eminent. If our organization recognizes what is within the sphere of its possibilities it will greatly aid in enlightening the minds of the populace in respect to the wide gulf separating the regularly qualified practitioner from the charlatan and vender of patent medicine.

Another legitimate sphere for this Society's activity is to protect ourselves from being made the agent of the manufacturers of drugs. This is a day of strong competition amongst manufacturers, and whilst we recognize that we are under no small obligation to the large drug houses in our land for many new and useful preparations, and for elegant combinations of the older, well tried, but as formerly prepared often nauseating and disgusting concoctions. Yet it seems to me the medical profession at large is to-day too often used as the medium by which the pocket of the druggist is made plethoric, irrespective of the advantages to ailing humanity. One thing is certain, that in the multiplicity of new preparations and combinations, the older that have stood the test of experience are sometimes entirely lost sight of. One might almost keep his drug shelves supplied with the samples thrust upon him, many of them unimproved modifications of something that he has used before under a slightly different

name or with some other flavoring. I am not making a plea against the new and useful, but I do believe that the advice of Alexander Pope in regard to the use of words ought to be applied to the use of medicines:—

> "Be not the first by whom the new are tried
> Nor yet the last to lay the old aside."

And I believe that this Society should try to discourage amongst its members the use to which the medical profession is being put by many of the manufacturers of medical supplies in our land. I am thoroughly convinced that we have been lending ourselves and sometimes, though I do not think that it is true of the medical profession of this province, selling ourselves to the manufacturer to our own financial and ethical disadvantage, and at the expense of our patients. Time will not permit me to say more on this subject.

Intimately associated with this is the labelling and marking dosage upon medicines ostensibly intended to reach the patient through the physician's prescription only. Parke, Davis & Co.'s preparations, Wyeth's preparations and many others are to-day sold over the counter at request of the patient as frequently, perhaps more frequently, than Johnson's Anodyne Liniment and Perry Davis' Pain Killer. Introduced to the knowledge of one patient by a physician's prescription, an ailing friend is acquainted of the remedy, and as all information necessary to its use is upon the bottle, purchases and uses it, depriving the doctor of a patient and a fee, and probably the medicine is entirely unsuited to the patient's needs. We, as physicians, have some rights, and the drug manufacturer should be apprised of the fact that although the physician is under obligation to him, he also is under obligation to the physician. What is the remedy for these ills? Organization is not the remedy, but through it a remedy may be effectually applied.

Another object of this organization of great importance, and upon superficial view opposed to the benefactor idea, is the establishment of a respectable code of fees. That this in the minds of many is perhaps the most important reason for the formation of our Society, I am aware. The need has been for a long time and is daily becoming more and more pressing, and I hope to be able to make plain the fact that the motives leading up to the foundation and putting into effect through this organization of a reasonable scale of fees, are right; and putting into operation of such will not be any more to the advantage

of the medical profession than it is to their patrons. It is an axiom that medical men outside of the large centres are not equipped as they should be in order to practise their profession with satisfaction to themselves and efficiency to their patients. By equipment I mean library, periodicals, instruments, and I might legitimately include, for sake of brevity, occasional periods of post graduate study at some medical center. That such is the case and that it is largely due to the fact that physicians are not sufficiently well paid is known to us, but not generally known to our patrons. The most of the latter, indeed, think we are too well paid. The underselling of professional services which has been growing more common as the years go on, like the oracle of ancient days, is capable of two opposite interpretations—the physician interprets it correctly as an evidence that in order to live one doctor finds it necessary to starve out his brother practitioner, and this is his way of doing it; the laity who do not know thinks that the man who works cheaply can afford to do it, and his brother who charges more is rapidly becoming rich at their expense. They do not know the story of cheap drugs, poor plasters, lack of study because of undertaking more than one can accomplish in order with smaller fees to make enough to keep above board. These are all tricks of the fee-cutting trade. Gentlemen, we cannot afford, our patrons cannot afford, to have us engage in this nefarious business. The number of doctors is increasing rapidly, the cost of medical education is increasing, the expense of living is increasing, our patients are not increasing, but they are demanding that we shall increase our libraries, fill our instrument cases with modern instruments, furnish our laboratories with microscopes, X-Ray machines, electrical appliances, and they have a right to expect it, to give them the benefit of the best modern scientific discovery and research. We must be our own advocates; the people can be and must be educated up to the facts. We should be increasing—in the not distant future we must increase—our fees. This, however, is not what we are attempting now. We are by this code of fees simply holding our own—not even doing that. When in the fall of 1886 I began to practise medicine in the town of Bridgewater, fees were higher than they are today. But as new men have kept coming in there has been a reduction made here by one and there by another. Thank God I have in the main kept my inheritance inviolate. No mess of pottage has yet been sufficiently savory to tempt me into disposing of my birthright. What

we need is not an exhorbitant but a uniform rate, one that will enable us to live and keep in touch with the rapid strides the profession is making. No man to-day goes into the medical profession with the expectation of becoming rich in this province, unless he have been misinformed or his intellect be weak. Is it not a shameful condition of affairs that there are parts of this province where doctors find it necessary to engage in farming and fruit raising, not as a side issue, but that they may by these means, together with their practice, earn sufficient to live? Jack of all trades and master of none is an old saying very appropriate in this connection. If there is any calling on earth requiring the whole of one's time it is that of the country doctor. Who has or can keep in his mind all the profitable medical knowledge and experience of the past? Who can find time to exploit the possibilities of the future? We must read and investigate in order to give those who trust us the best service. To minimize our services in the eyes of the people is not more despicable than to magnify them. The latter is opposed to our system of ethics in no greater degree than is the former. These are pertinent considerations. If we were seeking fees for fees' sake only, or that we might become rich, we could not be called into account for it if we exacted a reasonable fee ; but when the facts are as above stated, that these fees are in the interest of our patrons, we should not expect any great opposition on their part.

If you will bear with me a few moments longer, I wish to refer to two matters upon which I would like the Society to take speedy action. As all you know, every little while, in many cases without discoverable cause, there is an outbreak of diphtheria. I have just had a number of cases under my care one of which proved fatal. It was not hard to trace the source of this outbreak at Midville Branch. Primarily it came from a case of membranous croup, so-called, if I am correctly informed. There is only one way to prevent follicular tonsillitis, streptococcus sore throat, mycosis of the pharynx and membranous croup from being the cause, through mistaken diagnosis, of these outbreaks of diphtheria, and that is to treat all cases of sore throat where there is membrane as if they were diphtheria. Whilst we are looking for the Klebs-Loeffler bacillus and mycelium leptothrix buccalis, diphtheria is being scattered broadcast. Why not isolate in all of these cases until diagnosis is assured? We do not, in this part of the province, have as severe epidemics as formerly, and if the

members of this Society would observe the above suggestion the disease would soon be as rare as small-pox. Some one says we have health officers paid to look after this work, but do we always co-operate with these health officers? I fear we do not. This is true to such an extent that the reports of health officers, incomplete and unsatisfactory at their best, are entirely useless. By taking hold of such matters with a will, we as a Society may impress the populace generally that we have their interests at heart, that our motives are not entirely selfish. Let us give these matters the attention their importance merits. Our Provincial Board of Health is in a position, with the hearty support of the medical fraternity, to do a grand work for the people. It has been doing good work, but with our best assistance it can do much better. See how the small-pox was strangulated last year. Why cannot whooping-cough, diphtheria, and all other contagious diseases be checked in the same manner? To this end let us co-operate heartily with the Provincial Board.

A word or two in regard to our present liquor legislation, and I am through. The liquor legislation, as it affects the medical practitioner, is not what it should be. The legislature has treated the medical profession decidedly unfairly, and we, as an organization, should, with other similar organizations in the province, seek at once to have the law amended. The demand for certificates is an intolerable nuisance, and we have no right to be placed in such a position with respect to them. The law is ambiguous and throws too much responsibility upon the physician. I could say a great deal more on this subject, but have already taken up too much of your time. Let me close with the suggestion that we take some immediate steps to have the present liquor law, as it affects the medical profession, amended.

POST-PARTUM HEMORRHAGE.

By C. P. Bissett, M. D., C. M., St. Peter's, C. B.

By the term post-partum hemorrhage is meant a flow of blood of greater magnitude than is usual and inseparable from the third stage of labor. Hemorrhage due to traumata of the genital passage is not "post-partum" in the correct sense of that term. It has happened that while the physician was directing his attention to the uterus to combat syncope rapidly following the third stage of labor, the patient died from hemorrhage connected with a varicose vein of the leg, ruptured by the veinous engorgement induced by the expulsive efforts of parturition. Clearly this is not a post-partum hemorrhage in its true sense. Flooding dependent upon a solution of continuity, such as a laceration of the vagina, perineum or os uteri is not to be reckoned post-partum any more than the case above cited.

By "post-partum hemorrhage" as scientifically understood is meant a preternatural and excessive flow of blood connected with the separation of the placenta from the maternal parts, and due to causes to be referred to later.

Post-partum hemorrhage is a subject of immense importance. There is perhaps no emergency in the wide domain of physic which may so tax the self-possession of the physician as this; and certainly few which may, however unjustly, bring obloquy upon him as the loss of a patient from this cause. Labor is looked upon as a process from which the woman is naturally supposed to recover, and death in the lying-in chamber, especially sudden death, is apt to be attributed to unskilfulness. The consequences of such an accident to a man commencing his professional career are apt to be specially disastrous, and even if this were the only consideration, it were well to have decided ideas at those means to be employed under such trying circumstances, when there is but little time for reflection and positively none for outside assistance. Thirty seconds of delay, or one minute's hesitation as to the course to be pursued, may allow the fatal gush to occur and close the scene forever.

Normally, the third stage of labor does not take place until the child has been expelled into the outside world. This may not obtain

if the afterbirth be situated in an unusual position, and many cases occur in which the placenta (prvæia) is first expelled, followed by the birth of the child, thus reversing the ordinary state of affairs. In the natural process the placenta remains entirely, or almost entirely, attached to the uterine wall until retraction unavoidably causes a separation through the blood spaces of the uterine tissue. Then a slight hemorrhage follows, only to be speedily checked by the normally acting uterine muscle which as effectually controls further loss as do the finger and thumb grasping the femoral or brachial artery in a surgical operation. Thus by degrees the process is completed. More and more of the placenta is separated from the uterine surface—closer and closer do the muscular fibres interlacing the blood vessels grasp them, staying hemorrhage till, with a final effort, the placenta is forced into the external world by identically the same process whereby the child was before expelled. The process thus carried out results in an ideal delivery, accompanied by a minimum amount of hemorrhage. Firm contraction is maintained and practically all bleeding ceases.

When from causes to be enumerated later, contraction is not secured and maintained, very different is the aspect of affairs. After the expulsion of the child the uterus slowly or suddenly relaxes itself—in fact seems as though exhausted by the task just completed and becomes sluggish. A few contractions may occur, sufficient indeed to detach the placenta partially, but inadequate to compress the open blood vessels and thus control hemorrhage. During this time there may be no external evidences of mischief, the blood being aspirated, as it were, into the uterine cavity, but the blanched face and rapid pulse are significant, and an examination of the abdomen confirms the diagnosis. Suddenly a sharp contraction comes on and a tremendous gush of blood follows, flooding the bed and perhaps overflowing to the floor beneath. A sighing, gasping respiration, with failure of sight and rapid feeble action of the heart follows. The general weakness is productive of still greater uterine relaxation, and unless active measures be adopted, death will speedily follow. Even should this be averted the chances of septic infection will be increased by the exsanguine state of the system, and at best, days, weeks, and it might be months of ill-health follow.

The causes of this accident are various, some acting proximately, others sometimes antecedent. Some women are prone to it because

of a halting state of the uterus following the second stage of labor. This may and does occur in cases irrespective of any obvious cause, and such women are spoken of as "flooders." A generally relaxed state of the system predisposes to it. A prolonged labor from any cause, unduly exhausting the patient and terminated by forceps or otherwise artificially in the absence of regularly recurring pains, is also a frequent cause of this state.

The use of anæsthetics in some cases promotes the occurrence of post-partum hemorrhage for various reasons. This is especially true of chloroform. The retention of a portion of the placenta or membranes is also supposed to cause hemorrhage by preventing complete closure of the uterine sinuses.

Any affection of the afferent or efferent nerves or of the centre for contraction in the spinal cord whereby the reflex irritability of the uterine muscle is impaired tends to hemorrhage. Broadly it may be stated that deficient contraction is the proximate cause, and as will be noted in speaking of treatment, this fact gives the key to the measures likely to be productive of good results in any given case.

Treatment.—When speaking of the causes of this accident, reference was made to a generally relaxed state of the system. Many pathological conditions contribute to this end. Defective nutrition, anæmia, and in fact anything which lowers the general tone of the system may stand in a causative relation. In a city or town practice, where it is usual for the physician to see the patient for some time before labor actually comes on, much may be done to place the woman in a better position as regards this special danger. Generous diet, moderate exercise, and, if required, suitable tonics such as may be indicated in the particular case will aid materially in guarding against the evil, at least to some extent.

Whensoever, in the course of labor, the pains become progressively weaker with a rising pulse and dryness of the parts, the proper course is to deliver by forceps or otherwise, and that before uterine contractions have become weakened to such a degree as to prevent them being efficient in staying undue loss of blood in the succeeding stages of labor.

Every precaution should be taken to ensure firm contractions during the expulsive stage, and generally speaking the accoucheur ought not to yield to the temptation to forcibly drag the child into the world after the head or even the shoulders have passed the external genitals.

Such a procedure, by *suddenly* removing the object destined to be expelled by uterine action, removes the chief stimulus to good contraction, to say nothing of the evil results likely to follow an almost certain suction of air into the uterine cavity.

With respect to the use of anæsthetics in obstetric practice, it is advisable that, except in special cases, anæsthesia should not be pushed to the full surgical extent, because of the muscular relaxation certain to follow saturation by the agent employed. This remark applies, but with less force, to opiates and other drugs used to obtund pain in the second stage.

The observations hitherto made respecting the treatment relate chiefly to prevention, but it is particularly the treatment of this condition in its immediate presence with which we are concerned, and which in conclusion I desire to dwell upon. All means required to combat such an accident should be at hand, and it is a safe rule to deal with every lying-in case as if hemorrhage were expected to occur. If the hemorrhage be in progress the fundus will be found to be relaxed. It should be seized between the outspread fingers firmly compressed and kneaded. The placenta, if still retained, should be removed at once by introducing the hand into the uterus. The uterine wall should then be compressed between the hand within and that without. If contraction be not excited, which will be but rarely, recourse should be had at once to the injection of a large quantity of water charged with efficient antiseptic, and as hot as can be borne by the hand. The effect, in most cases, is magical. Firm contraction is induced and maintained by a hypodermic injection of ergotin, which should have been first used, and which meantime will have begun to manifest its characteristic effect. If these means fail there still remains in reserve compression of the abdominal aorta, and finally the injection, or application otherwise, to the uterine wall of a solution of the perchloride of iron. This last procedure is replete with danger present and future. A portion of the fluid may find its way into the peritoneal cavity, setting up a peritonitis, and clots formed may escape into the general circulation causing sudden death. Later, they may decompose and result in septic infection. Finally, it may fail in its primary object, the hemorrhage continuing.

It was to still further pursue the objects sought to be obtained, that the writer was led to make a suggestion, which, thus far, he has been unable to carry into effect. The idea embraces several of the

best recognized principles of treatment, at least theoretically. Nevertheless, many objections may be offered, some of which are even now anticipated. The idea is that a rubber bag capable of being distended to almost the size of the ovum at full term be introduced into the uterine cavity and rapidly filled, by means of a syringe and stopcock attachment, with hot water. The advantages to be gained would be the presence of a foreign body eminently fitted to excite uterine action with pressure regularly applied and capable of being slowly relaxed to accommodate the uterine contraction. Finally, in desperate cases, by means of an accessory tube, the surface of the distended bag might be flushed with a solution of iron.

The foregoing embrace most of the measures capable of execution in any given case, and if promptly applied reaction will be established in apparently hopeless cases.

Supposing actual hemorrhage to be stayed, death may still follow from anæmia of the great nervous centres. Much may be done to overcome this by depressing the head and raising the feet, so that gravitation will be brought into play. A valuable resource is autotransfusion effected by systematically bandaging the extremities. A copious enema of warm saline solution or the injection of the same into the peritoneal cavity, as has actually been done, would probably be of assistance. Transfusion of blood, both mediate and immediate, has been advocated, but is a means, for many reasons, not readily available.

Note.—The foregoing, written in 1895 and heretofore unpublished, was recalled to mind on seeing a paper entitled, "The Easement of Labour by the Use of Heat and the Hot Water Retained Injection," by Wm. A. Galloway, M. D., *Homeopathic Journal of Obstetrics*, May, 1902, in the course of which special stress is laid on the value of hot water as a hæmostatic employed in the manner suggested by the writer in 1895. The apparatus is figured and described by the B. F. Goodrich Company, of Akron, Ohio.

Correspondence.

LEPER HOSPITAL.

KINGSTON, JAMAICA, B. W. I., Feb. 28th, 1903.

TO THE EDITOR MARITIME MEDICAL NEWS:

DEAR DR.—I had the melancholy satisfaction of visiting this institution at St. Jago de la Vega—in ordinary parlance *Spanish Town*, the old capital of the island.

This old city, founded by Columbus, is hoary with age and very quiet since the government offices were removed to Kingston, and there are no manufactories except a works for making extract of logwood, which wood is very abundant in this vicinity. Around the old city there is a good deal going on that does not attract special notice, for there is a well developed canal and irrigation system which makes the dry Liguanea plain a forest of bananas and cocoa-nuts.

The banana has filled the place once occupied by the sugar-cane, and is in fact the chief wealth of the island at present, assisted by oranges, ginger, pimento, coffee, cocoa bean, logwood, fustic, lignum vitæ and quassia, or as it is called here *bitter-wood.*

Spanish Town has a good water supply, is a clean and well kept little town, seven miles from the sea at Port Henderson opposite Port Royal, and twelve miles from Kingston and is a railway junction. It prides itself on its past greatness, its Rodney statue, Parliament buildings and old cathedral, all of which are of more than passing interest. But to the medical man the *Leper Hospital* or *Home* (as it is called officially) is of special moment.

This institution is particularly well managed, if we consider its straitened financial condition, and the afflicted are made as comfortable as their disease and life long imprisonment will permit. It is particularly sad because with their bodily infliction, their mental condition is not impaired. I send you a report from which you can cull a lot of items which I will try to supplement.

Dr. Niesh (of Kingston, Ontario) is the physician in charge and devotes all his time to the 120 patients under his care. There are more men than women and but few whites, the negro, the coolie and the Chinese make up the bulk, chiefly negroes and half caste. The

average residence in the hospital is about fourteen years, but I saw one woman who has been 50 years there and many 30 to 40 years.

There are two types of the disease—the *tubercular* and the *anesthetic*, often associated in the same individual. Mutilation of the limbs is the most common symptom of the anesthetic type and ulceration of the tubercular type. The doctor tells me the ulcerations heal under hospital care and do not break out again very often; now and then there is gangrene and sloughing but it is rare.

The most prominent symptom, the mutilation, is of great pathological interest. At first sight one wonld think that to see arms minus the fingers and hands, they had dropped off as if by sloughing or gangrene, but the reverse is the fact. With the anesthesia often extending up the arm there is a gradual arrest of nutrition and with this is a gradual absorption of the bones and tissues. First the fingers shorten and appear to recede into the hand, and in time the hand may disappear to the wrist; fingers as well as wrists look not unlike stumps after operation. If, however, you examine closely the end of the stump you will see one or more of the finger nails projecting from the stump, be it great or small, showing that they had gradually receded from their original position and followed the slowly retreating member. The remnants of finger and toe nails look like little black warts or tubercles but examination shows their horny texture. Unlike other tissue their independence of the ordinary nutritive processes permits their continuance, being still attached to the epidermis. The disappearance of the nose is generally the result of tubercular ulceration. The tubercles appear to be most common on the face (lips, nose, cheeks,) and the ears.

A very strange phenomenon is that only the parts of the body exposed to light are affected by leprosy, the hair and clothing protecting the parts underneath. Dr. Neish is very desirous of trying the effect of the X-ray or *Finsen* light, but it is difficult to conjecture what the result would be seeing what the influence of light is.

Tubercle is sometimes associated with leprosy but the one does not appear to influence the other.

The bacillus lepræ is readily obtained either from the nodules, the infected parts or discharges.

Dr. Neish gave tuberculin, he considers, a fair trial, but with no result of any kind. He is trying antistreptococcic and other serums, but so far with negative results.

Arsenic (Fowler's solution) is of very general service, more so than any other, and mercury alone or combined when there is syphilitic taint (a very common condition). Donovan's solution is but rarely of service—only now and then in skin affections. Iodine is specially prejudicial and is not tolerated. Bromine does not act unkindly.

There is but little pain associated with the disease in any part of its course. Patients are never seen in the early stages and no prophylactic means can be resorted to.

Cutting operations are avoided as much as possible, but when required healing appears to take place much as usual. Dr. Neish considers it as a relatively curable disease, or in other words that under treatment it reaches a non-progressive stage, and so remains, and he discharges patients now and then who reach this stage when their friends are in a position to comply with the requirements—to be able to support them, and keep them so segregated as not to endanger others.

It is not a congenital malady, and where children have it it has been acquired; and though it is undoubtedly contagious, yet in what manner it is propagated is not known. It can not by any known means be conveyed to the lower animals, and the doctor has known no case where it has been acquired in the hospital, and he has no fear of contracting it. In this way his experience here differs a little from what obtains in other places. In other words, all we know of leprosy is very small compared with what we don't know. But though we cannot be certain of arresting the progressive destructive assimilation of tissue, yet it is very often arrested, and physical suffering can be quite alleviated.

The causes of death are very much the same as happens in the general population.

The coolie appears to be not more prone to the disease than the negro—though common with the Chinese. In the white races, the Jews more frequently fall under its influence.

Cases are apt to be hidden away by friends until it can be no longer concealed when they are sent to the hospital. Could all the cases be aggregated there the disease would die out in all probability.

A. P. Reid.

THE

MARITIME MEDICAL NEWS.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

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Editorial.

COAL GAS vs. WATER GAS.

Not long ago a writer in *The Philadelphia Medical Journal*, after discussing illuminating gas and its dangers concluded somewhat as follows: "Gas companies seem to have three malevolent aims: (1) to ruin our eyes by gas which does not illuminate; (2) to ruin our bank accounts by compelling us to burn great quantities of gas in the hope of lighting our rooms; (3) to impair our health by vitiation of our atmosphere. If we are rebellious they propose actual death by asphyxiation."

The experience of Halifax citizens during recent years lends support to these conclusions inasmuch as they have been obliged to consume a poor quality of gas in respect to illuminating power, the cost of which has steadily increased. Protests have not been heeded and now we are informed that water gas with its high percentage of that deadly poison carbon monoxide is to be substituted for coal gas.

As the citizens are not aware of the increased risk to health and life connected with the use of water gas as compared with coal gas, it becomes the duty of the medical profession as guardians of the public health to call attention to the danger to which they are about to be exposed, in order that they may protect themselves.

The use of water gas for domestic lighting purposes has greatly increased both in the United States and Great Britain during the

past ten years. There are many reasons for this increase. The plant required is more compact and more convenient in use than that required for the manufacture of coal gas. It can be brought into operation more quickly than the latter--a fact of some importance when the consumption of gas is suddenly increased. Furthermore owing mainly to the small amount of labour required in its preparation, it is on the whole cheaper to make than coal gas.

Water gas is a mixture mainly of equal proportions of carbon monoxide, and hydrogen, and is produced by passing steam through heated coke or anthracite. It is an odourless and non-illuminating gas. For lighting purposes it is carburetted--that is enriched by oil gas. The resulting carburetted water gas smells much like coal gas, but its odour is not so pronounced and its candle power is greater. It is either used alone or much more frequently it is employed for mixing with coal gas, a half-and-half mixture being a common combination.

The danger of carburetted water gas lies in its containing about 30 per cent. of that deadly and insidious poison—carbon monoxide; while coal gas only contains from four to seven per cent. There is abundant evidence to show that the danger is not a theoretical one. In nearly every community where carburetted water gas has taken the place of coal gas there has followed an enormous increase in the number of deaths from gas-poisoning. Mortuary statistics of Boston, New York, Brooklyn, Chicago, San Francisco and Baltimore fully confirm this statement.

The following submitted by the State Board of Health of Massachusetts in reply to certain questions presented to the board by the legislature makes the submission of further evidence superfluous.

"Question 10: Has there been an increase or decrease in the number of deaths from gas-poisoning since the introduction of water gas? A very decided increase.

Question 11: If there has been an increase or decrease what is the per cent. of increase or decrease? In the thirteen years previous to the introduction of water gas in Massachusetts (1876-1888) the number of deaths registered as due to poisoning from illuminating gas was 8. The foregoing deaths were, so far as can be learned, caused by the inhalation of illuminating coal gas. In the thirteen years following the introduction ot water gas (1889-1901) the number of deaths registered as due to illuminating gas-poisoning was 459."

In 1898 the question of placing restriction upon the manufacture and distribution of water gas came before the British Parliament, and was referred to a commission of experts. Their report contains the following striking statement by Dr. Haldane: "Roughly speaking the loss of life arising in one way or another—accident, suicide or homicide—appears to be fully a hundred times greater with water gas in America than with coal gas in this country." The commission were unanimous in recommending that no gas containing more than 12 per cent. of carbon monoxide should be permitted to be supplied to consumers.

If the Halifax Gas Company carry out their scheme of substituting water gas for coal gas, as proposed, it is the duty of citizens to see that the service, pipes and fixtures are in good condition, and that greater precautions are taken to avoid accidental leakage of gas into occupied rooms. Furthermore they should endeavour to secure some measure of control over the quality and composition of their gas supply.

DR. BAYARD HONORED.

We have great pleasure in publishing the subjoined clippings from St. John papers of March 24th, in appreciation of the services rendered to our neighboring city by our venerable and revered confrere :—

"Some months ago the City Council, in accepting the resignation of Dr. William Bayard as a commissioner of the General Public Hospital, adopted a resolution expressing regret at his retirement. The resolution referred to Dr. Bayard's work in founding the hospital and in connection with its management, and expressed the public regret at his retirement. The Council had the resolution handsomely engrossed and bound, the cover bearing in gold letters the inscription: 'Municipality of the City and County of Saint John to William Bayard, Esq., M. D., LL. D., A. D. 1903.'

On Monday afternoon it was formally presented to the venerable doctor at his home on Germain street by a delegation of Municipal Council members. Those present were Warden McMulkin and Councillors McGoldrick, Baxter, Macrae, Allan, Lewis, Lee, Dean and

Horgan, and County Secretary Vincent. After a few pleasant words from the Warden, County Secretary Vincent read the address, and Dr. Bayard replied, heartily thanking the Councillors for their gift.

Dr. Bayard entertained the visitors, and there were pleasant speeches by Dr. Bayard, Councillors McGoldrick, Allan and Macrae, and County Secretary Vincent. All spoke warmly of Dr. Bayard's work, not only for the hospital, but for the welfare of the city, and all wished him many more years of life.

The resolutions of the Municipal Council of the city and county of St. John, complimentary to Dr. William Bayard, on his retirement from the chairmanship of the Hospital Commission and from the Commission itself, were formally presented on Monday. Dr. Bayard was the projector of the hospital, and for forty years he was prominently identified with the institution. In that period of time he did a great deal of work for the public, and the work being of a nature of charity and benovelence, had to be, of course, its own reward. Dr. Bayard, in responding to the observations made to him, stated that he had special reasons for resigning, and the inference may be drawn that these reasons are in the nature of a grievance. If such exists, it is to be regretted. The general public, however, will feel that Dr. Bayard has ably and patriotically discharged important public duties in connection with this inststution, and no doubt they would be glad to feel that he retired in perfect harmony with the hospital and its management, so that in his old age he may be able to reflect with pleasure on his connection with this institution. In some of his remarks there was an observation which directed public attention to the large sums of money elsewhere given to public hospitals by private givers. In St. John little work of this kind has been done. The Frances E. Murray ward is one evidence that it is work not wholly overlooked. In the mother country hospitals have been founded by private beneficence, and special features attached to public hospitals are often private gifts. Some magnificent hospitals in the neighboring State of Massachusetts illustrate in their wards and attachments the munificence, the generosity and the love for humanity of private citizens. In our province we are much behind in this regard, and Dr. Bayard's gentle reminder of what may be done will, it can be hoped, have good results."

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CANADIAN MEDICAL ASSOCIATION.

The thirty-sixth annual meeting of the Canadian Medical Association will be held in the city of London, Ontario, on the 25th, 26th, 27th and possibly the 28th of August, under the Presidency of Dr. Walter H. Moorhouse of that city. Dr. Matthew D. Mann of Buffalo has been asked to deliver the Address in Gynecology and Dr. Alexander Hugh Ferguson of Chicago, the Address in Surgery. Recently the President appointed Dr. R. W. Powell, Dr. T. G. Roddick, M. P., and Dr. E. P. Lachapelle. a Special Committee in regard to the establishment of a proposed Dominion Health Bureau. This Committee recently waited on Sir Wilfred Laurier, at Ottawa, with the result that the Premier has promised the proposal consideration. Dr. Moorhouse has also delegated Dr. C. F. Martin, Montreal, to the International Medical Congress at Madrid. Already arrangements are well in hand for a splendid meeting at London. Further announcements will appear in the Canadian medical press from month to month.

George Elliott,
General Secretary,
129 John Street, Toronto.

Society Meetings.

NOVA SCOTIA BRANCH BRITISH MEDICAL ASSOCIATION.

March 4th. Meeting held at Halifax Hotel, Dr. F. W. Goodwin, Vice-President, in the chair

Dr. C. D. Murray read a paper on "The Duty of the State towards Tubercular Disease."

Dr. Hattie congratulated Dr. Murray on the high literary character of his paper, no less than upon its value from a professional standpoint. He favoured state aid in the control of tubercular disease. The sanatorium at present projected by the government of Nova Scotia would likely be built without further delay.

Dr. Trenamen felt that all present were of one mind as to the value of sanatorium treatment—its disciplinary and methodical management.

Dr. Murray wished to emphasize the necessity of teaching in the public schools the need of calisthenics, ventilation of buildings and the general building up of a healthy race.

Dr. Hare called attention to the need of more carefully watching houses in which consumptive patients had lived and afterwards occupied by families who were unaware of the previous presence of consumptives in the house.

Dr. Trenaman said whenever such cases came to the notice of the City Health Board, disenfection would be carried out. Literature had been circulated among families in which such cases were.

On account of the small attendance Dr. Murray moved that the subject come up at another meeting.

March 18th. The President, Dr. G. M. Campbell, in the chair.

Dr. Goodwin moved that a committee be appointed to draft a resolution of sympathy to be sent to Mrs. Halliday and that a copy be inscribed in the minutes.

Dr. Hattie seconded the motion which was carried The committee appointed were:—Drs. Stewart, Goodwin and Hattie.

Dr. Stewart then read some "Hospital Notes" in which he referred to the teaching in some of the larger cities of Great Britain and the

Continent. One of the attractions of Edinburgh was that the hospitals are together while in London they are scattered. He thought soon the ordinary mind would not be able to undertake all the subjects which are becoming part of medical education. He then spoke of London and its advantages as a medical centre and gave a detailed account of an afternoon's work with Watson Cheyne at King's College Hospital. Speaking of continental hospitals he referred to Hamburg and its specially good advantages offered for post-graduate work. Berne also offered great attractions to surgeons owing to the presence there of Kocher.

Drs. Goodwin and Ross spoke of post-graduate work in London and its many advantages.

Dr. Murphy referred to American Hospitals with special reference to those of New York.

Dr. Almon gave some of his impressions and experiences of hospitals in Paris.

A vote of thanks was extended to Dr. Stewart for his interesting and instructive paper.

LETTER OF CONDOLENCE TO MRS. HALLIDAY.

Dear Mrs. Halliday:

At the last meetion of the Halifax Nova Scotia of the British Medical Association it was unanimously resolved that we should communicate to you the expression of our deep sympathy in your great sorrow.

The sad bereavement which has deprived you of your life's companion has also taken from us one of our most active and useful members.

In the many interesting contributions which Dr. Halliday made to our Association, and which were almost always the result of original investigation, we felt the influence of an earnest and scientific mind, and we shall certainly miss the stimulus of his presence and help in our discussions. We consider that the work he accomplished as Director of the Government Laboratory of Hygiene has been of the greatest value. And those who knew him best feel that his early death is a loss to the profession and to the country.

Please accept for yourself and for your little son the assurance of our heartfelt sympathy.

Signed { W. H. Hattie,
John Stewart,
F. W. Goodwin.

March 1903. Committee of N. S. Branch B. M. Association

ST. JOHN MEDICAL SOCIETY.

Jan. 7th. Dr. Stewart Skinner, President, in the chair.

Dr. Murray MacLaren exhibited three cases which were undergoing X-Ray treatment. One—a case of rodent ulcer of the face of seven years duration—had healed. The other two cases—lupus and rodent ulcer—had somewhat improved.

A paper on "Diabetes Insipidus" was read by Dr. W. F. Roberts. (The paper will be published in the NEWS.)

Jan. 14. This meeting was held at the Provincial Lunatic Asylum.

Dr. Geo. A. Hetherington gave a clinical demonstration of some varieties of insanity. Cases of the following forms were shown: acute mania, chronic melancholia, chronic delusional melancholia, general progressive paralysis, terminal dementia, epileptic dementia, paranoia and chronic delusional insanity.

Later in the evening the members were well entertained by Drs. Hetherington and Travers and a very pleasant evening was enjoyed by all the members present.

Jan. 21. A case of congenital cataract was exhibited by Dr. J. R. McIntosh. The subject of the evening was a description and discussion of the cases shown at the previous meeting and was introduced by Dr. Geo. A. Hetherington.

Jan. 28. Dr. G. A. B. Addy reported a case for diagnosis in which marked vaso-motor disturbances of various parts of the body, including the tongue, were noticed. He suggested Raynaud's disease.

Pathological specimens.—The President exhibited and described numerous interesting pathological specimens.

Feb. 4. A paper entitled "The Absorption and Elimination of Drugs" was read by Dr. Clara Olding.

The importance of considering the rapidity of absorption and elimination of various drugs was pointed out and from this consideration should follow the frequency of the dosage of any particular drug.

Medicines producing an accumulative effect were mentioned, and medication by the stomach, skin and rectum was full considered.

Feb. 1. Dr. G. G. Corbett read a paper on "Hypnotism." (This paper will be published in the NEWS.) A general discussion followed the reading of the paper.

Feb. 18. A paper entitled "Chronic Ulceration of the Pharynx" was read by Dr. O. J. McCully. The various forms, tubercular, syphilitic and malignant were described and differentiated, and their appropriate treatment given.

Feb. 25. The Society adopted a resolution favoring the formation of a Department of Public Health at Ottawa, and instructed the Secretary to forward a copy of the resolution to the Minister of Agriculture.

Dr. J. B. Travers read a paper on "Epilepsy and Epileptic Insanity." The paper was based upon the observation of many cases, and will be published in the NEWS.

March 4. The subject of the evening was a paper by Dr. C. R. Shaughnessy on "The Borderland of Science." The early history of hypnotism was traced, followed by a consideration of the uses of hypnotism and its abuses.

March 18. A clinical evening was held at the G. P. Hospital.

Dr. T. D. Walker exhibited the following cases: aortic disease, mitral disease, acute nephritis, hemiplegia and exophthalmic goitre.

Dr. Murray MacLaren exhibited a case of rodent ulcer treated by X-Rays, abscess of kidney, affections of the hand (four cases), anal fistula, and syphilitic ulcer of the leg.

Dr. MacLaren also showed pathological specimens of tumor of parotid gland (adenoma), congenital inguinal hernial sac in infant, and omental femoral hernia.

March 25. Pathological specimens. Dr. G. A. B. Addy exhibited two urinary calculi which had simultaneously blocked both ureters and had caused total suppression of urine. Both calculi were subsequently passed per urethram.

Dr. MacLaren exhibited (1) scirrhus of mamma, (2) ovarian cyst, and (3) suspensory ligament of uterus.

Dr. T. D. Walker read a paper on "Nephritis," in which the differential diagnosis of the various forms was considered and a case reported in which the treatment by rectal injections of normal saline solution was carried out.

Personals.

Dr. T. J. F. Murphy has removed his residence to 65 Morris Street.

Dr. A. Robinson after practising many years in the town of Annapolis recently left for the west to engage in ranching. Dr. Robinson was given a great send off by the citizens, with whom he was very popular, having filled the mayoralty chair on several occasions.

Dr. E. A. Kirkpatrick left on the 20th inst. for Lexington, Ky., to attend the meeting of the American Otological, Rhinological and Laryngological Assosiation on April 30th, May 1st and 2nd and expects to return to Halifax on the 7th or 8th of May. The Doctor is accompanied by Mrs. Kirkpatrick and will also visit Washington and New York.

Dr. E. B. Roach of Tatamagouche, was married on the 15th inst, at Dartmouth, to Miss Grace Marguerite, daughter of B. Russell, M. P. The News extends its congratulations.

The many friends of Dr. and Mrs. H. S. Jacques extend to them deep symyathy in the death of their little girl.

Dr H. M. Hare has gone to New York to take post-graduate work for two months.

Obituary.

Dr. Richard Johnson.—It is with feelings of deep regret that we have to chronicle the death of Dr. Richard Johnson of Charlottetown, which occurred at his residence on the morning of the 18th of March.

Dr. Johnson was born on the 10th November, 1830, at Louth, Lincolnshire, England, and was at the time of his death in the 73rd year of his age. He commenced the study of medicine when young under his father and brother and pursued his medical studies in Harvard Medical College in 1854 and 1855. When returning from College in March of the latter year he met with an accident which

The late RICHARD JOHNSON, M. D.

nearly cost him his life, and was so badly frozen that he never recovered his former vigour—a comrade of his, Dr. George Haszard, lost his life at that time. His sad experience then caused him to change his mind and he entered into the ministry of the Methodist Church and laboured most acceptably for several years in that body both in the province of Nova Scotia and Prince Edward Island. Finding his health required a change, he completed his medical studies at Harvard and graduated in 1865 and commenced the practice of his profession as successor to his late brother Dr. Hammond Johnson, who had a very extensive and lucrative practice in city and country as well as that of his father.

Dr. Johnson was Registrar of the Medical Council since 1890 up to the date of his death. He was Health Officer, Superintendent of Vaccination and Justice of the Peace for Queens county. He was for many years a member and Chairman of the City School Board, and took a deep interest in education. He was truly the father of the Prince Edward Island or Protestant Hospital—a member of its Board of Trustees and the senior member of its Medical Board. He took a deep interest in all its concerns and was ever ready to promote its interests as well as that of every good work in church and state.

His medical brethern meeting in session on the day of his death, fully expecting to meet him in person were shocked at the news that he had passed away, promptly gave testimony to the high esteem in which he was held. Strictly conscientious in all the affairs of life Dr. Johnson had great reverence for truth, manliness and genuine loyalty and scorn for littleness and unfair advantage. Generous, amiable and kind-hearted in a large degree, and the prevailing opinion of the community fully endorsed the euology or tribute paid to his memory by his pastor the Rev. G. M. Young at his funeral. We are happy to reproduce it as the best obituary notice we can give. To his wife and family we extend our sympathy in their bereavement.

The funeral of the late Dr. Richard Johnson was largely attended, citizens of all classes and creeds being present to pay their last tribute of respect to the deceased. The body was taken to the First Methodist church and thence by train to Sherwood Cemetery.

RESOLUTION PASSED BY P. E. I. MEDICAL SOCIETY.

We, the members of the Prince Edward Island Medical Society, in session assembled, desire to place upon record our sense of the irre-

parable loss we have sustained in the death of our most beloved brother member Dr. Richard Johnson.

His genial character, his uniform courtesy and kindness towards all with whom he had any business relations, his straight-forward manliness and unimpeachable integrity gained for him the respect and esteem of his brother practitioners as well as that of the community at large. His departure from amongst us, ripe with years and full of honors, leaves a vacancy in our ranks that cannot easily be filled. His memory will find an abiding place in the hearts of his medical friends, as well as on the records of the Medical Council of this province of which he was the efficient and dignified Registrar.

We, his medical confreres who mourn for him, desire to convey to the wife and family of the lamented deceased our heartfelt sympathy with them in this the hour of their great bereavement.

F. F. Kelly, M. D.
P. Conroy, M. D. } Com.
R. MacNeill, M. D.

Charlottetown, March 18, 1903.

THE BELOVED PHYSICIAN.

In the first Methodist Church at the funeral service of the late Dr. Johnson, the pastor Rev. G. M. Young took for his text Col. 4:14 "The beloved physician." He said:

We are gathered together as a congregation, and as citizens to pay our tribute of respect and esteem to the memory of one whom we had learned to love. And although this house was not reared for the glory, even of the best and greatest of men, but for the glory of God and the spiritual edification of his worshippers, yet I feel that God is honored and man edified by a notice of one who in his life signally manifested the spirit of Christ, and won for himself in this community the title originally applied to St. Luke. Dr. Johnson by the blamelessness of his life, the elevation of his spirit, and the kindliness of his deeds certainly had won the title of "the beloved Physician."

All who have had opportunities of knowing him testify spontaneously that they knew no purer, nobler, human being. Some even think that, on the whole, he was the best man they had ever been privileged to know. Such a man may be spoken of, even in the house of God, where flattery is profanation, and God not man is to be adored.

Dr. Johnson was richly endowed from early in life in the heritage of a godly home and associations which in tender youth led him to know Christ as a personal Saviour. In young manhood he gave himself to the studies of medicine in Harvard College, but when his course was all but complete, a terrible experience which brought him near to the gates of the Unseen and Eternal, caused him to offer himself as a candidate for the Methodist ministry in 1857. He pursued with zeal and diligence his theological studies and in ordinary course was ordained a minister at the Conference held in the City of Saint John in 1861.

The great grief of his life came when through an affection of the throat, he was forced to lay aside the loved work, for which he had fitted himself and which was so suited to his fine intellect and clear spiritual sense. He took a year to rest in 1864, but though not in vigorous health, his ardent spirit could not content itself in idleness, so he proceeded to Harvard and finished his medical course, graduating M. D. the same year. Then finding himself still unable to do the work which was nearest his heart, he retired to take up new duties in another field of labor and usefulness, after seven years of faithful and honored service in the Christian ministry of the church that he loved.

With all the ardour of a consecrated energy he gave himself to the work of ministering to bodies diseased. Next to the ministry of the Gospel stands the ministry of the medical profession. Christianity is the handmaid of medicine. The ancients put to death their aged and infirm, but it was left to Christianity to teach the principles which lie at the foundation of the successful practice of the healing art. Skilled physicians are one of the products of Christianity, and are only found in Christian countries. The medical profession is a most exalted one, for those who are called into that ministry are entrusted with the most sacred interests of our home, and confronted with responsibilities and obligations that greatly increse their resources and opportunities for doing good. In a ministering life of unselfish duty, they often give their lives as a ransom for many. Such a view, noble and exalted, did our beloved physician take of his profession, and

> "He strove among God's suffering poor
> One gleam of brotherhood to send."

Though no longer in a pulpit, he did not cease preaching. Many persons, through his words and influence, found a severe illness a means of grace, and more than one was pointed to the Lamb of God

who taketh away the sin of the world, and arose from the sick bed to follow the new ideal, and live a higher life. The sweet sunshine of serenity, cheerfulness and good nature which habitually beamed on his noble countenance brought comfort to many a sick room, and in the depressing and painful surroundings of serious illness the patient often found a soothing balm in his very presence. Nothing morose, nothing gloomy, either in his natural temper or in his religious life, ever impaired the fascination of his presence or the cheer which he diffused.

There is no need that one should speak to you who knew him of his public services and the faithfulness with which he discharged his high ideals of citizenship. No more enduring monument can be desired than for a man's life to be inscribed in a benefit institution that survives in undying youth to bless mankind.

The remembrance of such a man, especially as it is now embalmed and sanctified by a peaceful and triumphant death, altogether in harmony with his character, cannot leave any other than a beneficial influence, enobling and elevating to the mind and heart. The name of Richard Johnson is rich in sacred as well as splendid associations, a memento of consecrated intellect and energy; an inspiring watchword for the cultivation of Christian graces and of heavenly affections, an antidote to all that is unworthy in principle or practice, an attraction to whatever in the intellectual or moral system bears the stamp of unaffected excellence, whatever qualifies for the fruition of spiritual and eternal blessings, whatever is allied to the love of Christ and God.

And now we mourn because he is gone. He has gone to his reward. He has gone to that world of which he carried in his own breast so rich a pledge, to a world of peace. He has gone to Jesus Christ, whose spirit he has so deeply comprehended and so freely imbibed, and to God whose universal, all suffering, all embracing love he adored, and in a humble manner made manifest in his own life. But he is not wholly gone; not gone in heart, for I am sure that even in the better world his affection for suffering humanity is deepened, not extinguished; not gone in influence, for his works remain and his memory is laid up a sacred treasure in many minds. The record of a generous life runs like a vine around the memory of our dead, and every sweet unselfish act is now a perfumed flower.

"The actions of the just
When memory hath enshrined them,
E'en from the dark and silent dust
Their fragrance leave behind them."

A spirit so beautiful ought to multiply itself in those to whom it is made known. May we all be incited by it to a more grateful, cheerful love of God, and a serener, gentler, nobler love of our fellow-creatures.

Book Reviews.

THE PUBLIC AND THE DOCTOR.—By a Regular Physician. Published by Dr. B. E. Hadra, Dallas, Texas. Price 25 cents.

This small book endeavors to enlighten the public in matters relating to medical affairs in a brief and clear style, and that the author has gained his object to a large degree is, to say the least, true. Many points such as the choice of a physician, consultations and fees are explained in detail, and other topics of importance are treated in a commendable manner. Physicians would do well to secure copies of this little book and distribute them for the edification of the public and consequently for their own best interests.

A SYMPOSIUM ON MODERN PROSTATIC INVESTIGATION.—The entire issue of the *American Journal of Dermatology and Genito-Urinary Diseases*, published at St. Louis, Mo., for May, 1903, will be devoted to a symposium on Modern Prostatic Investigation.

The leading surgeons of the world will take part in this work, which will be discussed, arranged and presented in a manner never before undertaken. The following subjects will be discussed: (1) To what extent occupation tends to prostatic hypertrophy with especial reference to active, indoor, active outdoor, and sedentary pursuits. (2) Which suffer oftenest, the phlegmatic or nervous, the lean or obsese? (3) Etiology of prostatic hypertrophy. (4) To what extent the cystoscope has been of service in diagnosis. (5) To what extent habit is responsible for prostatic hypertrophy with especial reference to the use of alcohol and constipation. (6) In what cases, palliation is advised, and of what it consists. (7) Ligation of the vasa deferentia and results. (8) Castration for prostatic hypertrophy and results. (9) Bottini operation or some modification of this treatment and its success with especial reference to complications, permanency of relief, etc. (10) Supra-pubic drainage with an estimate of results. (11) Supra-pubic prostatectomy and results obtained. (12) Perineal prostatectomy and with what success. (13) Operation of choice for prostatic hypertrophy. (14) What unexpected complications have arisen during the operation for prostatic hypertrophy, and what during the post-operative conduct of cases. (15) Resume of prostatic work.

THE INTERNATIONAL MEDICAL ANNUAL FOR 1903. Published by E. B. Treat & Co., 241-243 West 23rd St., New York. Price $3.

The last volume contains over 700 pages, giving a general summary of the year's work in clear and condensed language. A Review of Therapeutic Progress for 1902 is written by Prof. H. A. Hare, including an article on X rays, High Frequency High Potential Currents, and Light Treatment by Dr. John Macintyre of the Glasgow Infirmary, in which is contained excellent drawings and plates of cases of rodent ulcer, epithelioma and carcinoma successfully treated by the X-rays. The Dictionary of Treatment occupies as usual a large proportion of the volume and contains much of practical benefit for ready reference. There are eighty-four figures and no less than thirty-three excellent plates which render the text of increasing profit to the reader. May the *Annual* long exist to fill its great field of usefulness to the busy practitioner.

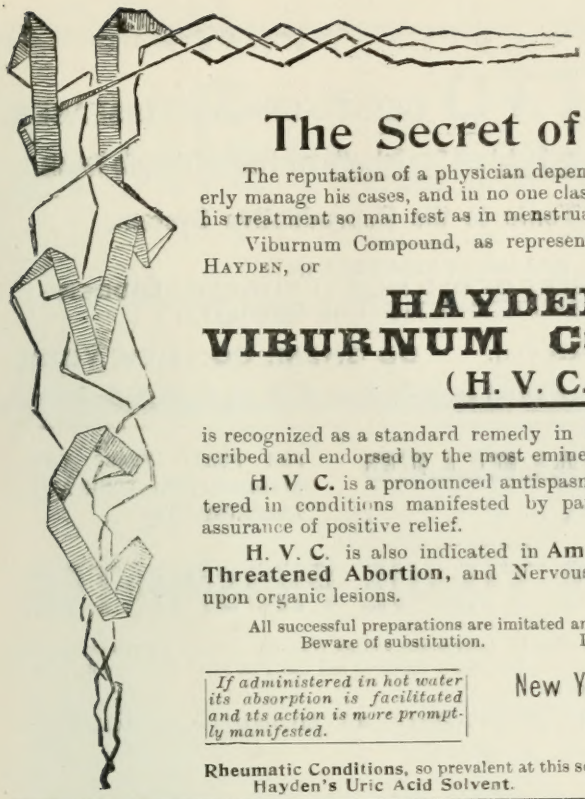
Notes.

SANMETTO IN FREQUENT INCONTINENCE IN THE AGED, IN ENURESIS NOCTURNA IN CHILDREN, AND IN PRE-SENILITY.—I have had good results from the use of Sanmetto in nocturnal enuresis of children; also have prescribed it in cases of frequent micturition in old people, with marked benefit; also find it beneficial in pre-senility. I think it is a good medicine in all cases where anything of its nature is indicated.

Athens, Pa. S. W. BADGER, M. D.

AN OLD FRIEND'S ENDORSEMENT.—In the "Reference Book of Practical Therapeutics," compiled by our old friend, Frank F. Foster, A. M., M. D., editor of *The New York Medical Journal*, we note the following: "Antikamnia Tablets have been much used and with very favorable results in neuralgia, influenza and various nervous disorders. As an analgetic they are characterized by promptness of action, with the advantage also of being free from any depressing effect on the heart." We are pleased at this expression of faith in the efficacy, promptness and absence of untoward after-effects of this most excellent remedy. We feel that the statement applies not only to Antikamnia Tablets, but to any of the tablet specialties offered to the medical profession by The Antikamnia Chemical Co., of St. Louis, Mo. Physicians desiring samples should write to this company for them and they will be forwarded promptly, particularly if they mention MARITIME MEDICAL NEWS.

OBSTETRICAL PRACTICE.—In contrasting modern obstetrical practice with the methods formerly in vogue, one cannot fail to be impressed with the greater care bestowed upon the parturient woman. This is shown by the scrupulous cleanliness and antiseptic precautions recommended in every modern text-book as well as the earnest efforts made to relieve the pangs of childbirth. The latter point is one of great importance since it is probable that women of the present generation, owing to various causes, and especially to a less robust physique and a more sensitive nervous system, are less able to endure the pains connected with parturition. It is on this account that the labor pains are in many instances less effective and more intensely felt. Under these circumstances Hayden's Viburnum Compound becomes a real blessing to many parturient women. During the first stage it exerts a soothing effect, relieving nervousness and restlessness when given in doses of one dessertspoonful followed every half hour by a teaspoonful. In the second stage its action is that of a uterine tonic, increasing the efficiency of the pains, and here it may be given in teaspoonful doses whenever required for that purpose. In the third stage it satisfactorily replaces ergot, being equally efficient and devoid of its unpleasant sequelae. One of the striking differences between ergot and Hayden's Viburnum Compound during the period of parturition is that while the former produces a continuous contraction of the uterus with scarcely any intervals between the pains, Hayden's Viburnum Compound simply reinforces the strength of the uterine contractions without otherwise changing their character. This enables it to be employed when ergot would be dangerous both to the mother and the child.



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